## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
SENATE CONSERVATIVES FUND	C C00448696
Check If 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee	Date
Intermarkets	M = M / D = D / Y = Y = Y
Mailing Address 344 Maple Ave., W #318	06292012
on maple / too, the mone	Amount
City State Zip Code	8000.00
Vienna VA 22180	Transaction ID : SE.4358
IE-Mandel-Online Ade	fice Sought: House State: OH
Type 004	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President — Onne
JOSH MANDEL CH	neck One: Support Oppose
	sbursement For: Primary General
for Office Sought 9016.70	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
SENATE CONSERVATIVÉS FÚND	M M / D D / Y Y Y Y
Mailing Address 228 S. WASHINGTON ST., STE. 115	06 09 2012
	Amount
City State Zip Code	211.25
ALEXANDRIA VA 22314	Transaction ID : SE.4359
JE Mandal Online Processing	fice Sought: House State: OH
Type 003	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure:	neck One: Support Oppose
JOSH MANDEL Cr	Support Oppose
211 25	sbursement For: Primary General
for Office Sought	Other (specify)
•	
(a) SUBTOTAL of Itemized Independent Expenditures	8211.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
,	
Lisa Lisker [Electronically Filed]	M M / D D / Y Y Y Y Y
Signature [Electronically Filea] Date	07 02 2012

Lisa Lisker

Signature

## Image# 12952248393 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) PAGE 3 OF FOR SE OF FORM 24/48 NAME OF COMMITTE (In Full) FEC IDENTIFICATION NUMBER ▼ SENATE CONSERVATIVES FUND C00448696 New report Check If 24-hour report X 48-hour report Amends report filed on Full Name (Last, First, Middle Initial) of Payee Date SENATE CONSERVATIVES FUND 16 2012 Mailing Address 228 S. WASHINGTON ST., STE. 115 Amount City State Zip Code 138.15 **ALEXANDRIA** VA 22314 Transaction ID: SE.4360 State: Office Sought: Purpose of Expenditure House OH Category/ IE-Mandel-Online Processing 003 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 349.40 2012 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date SENATE CONSERVATIVES FUND 06 2012 23 Mailing Address 228 S. WASHINGTON ST., STE. 115 Amount Zip Code City State 667.30 **ALEXANDRIA** VA 22314 Transaction ID: SE.4361 State: Office Sought: House Purpose of Expenditure OH Category/ IE-Mandel-Online Processing 003 Type Senate District: 00 President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose JOSH MANDEL **General** Disbursement For: Primary Calendar Year-To-Date Per Election 1016.70 2012 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 805.45 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

NAME OF COMMITTE (In Full)  SENATE CONSERVATIVES FUND  C C00448696  Check If 24-hour report	R▼
C C00448696	
Check If 24-hour report X 48-hour report Amends report filed on M M / D D / Y Y Y Y	Y
Check If 24-hour report X 48-hour report New report Amends report filed on	
Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND	
Mailing Address 228 S WASHINGTON ST. STE 115	Y
Mailing Address 228 S. WASHINGTON ST., STE. 115  Amount	
City State Zip Code 1815.2	
ALEXANDRIA VA 22314 Transaction ID : SE.4362	
Purpose of Expenditure IE-Mandel-Online Processing  Category/ Type 003  Office Sought: House State:	DH
Name of Federal Candidate Supported or Opposed by Expenditure:  District:  President	00
JOSH MANDEL  Check One: Support Oppo	е
Calendar Year-To-Date Per Election for Office Sought 10831.95 Disbursement For: Primary 2012 Other (specify)	al
Full Name (Last, First, Middle Initial) of Payee Date	
M M M / D D / Y Y Y	TY
Mailing Address	
Amount	
City State Zip Code	
Purpose of Expenditure Category/ Office Sought: House State:	
Type Senate District:  President	
Name of Federal Candidate Supported or Opposed by Expenditure:  Check One:  Support  Oppo	se l
Calendar Year-To-Date Per Election Disbursement For: Primary Gene	al
for Office Sought Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Lisa Lisker	
[Electronically Filed] Date 07 02 2012 Signature	